RESOURCE PACKET

Assessment of Developmental Delay

DEVELOPMENTAL DELAY

1. Definition

State Board of Education Rule 0520-1-9-.01 (15) (d) "Disabilities"

Developmental Delay refers to children aged 3 through 9 who are experiencing delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs. Local school systems have the option of using Developmental Delay as a disability category.

2. Eligibility Standards

a. A child is evaluated through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):
   (1) physical development which includes fine and gross motor skills combined,
   (2) cognitive development,
   (3) communication development which includes receptive and expressive language skills combined,
   (4) social/emotional development, and
   (5) adaptive development.

b. A child shall demonstrate a significant delay in one or more of the above areas which is documented by:
   (1) performance on a standardized developmental evaluation instrument which yields 1.5 standard deviations below the mean, or 25% delay based on chronological age in two or more of the developmental areas; or
   (2) performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean or 40% delay based on chronological age in one of the developmental areas;
      (a) When one area is determined to be deficient by 40% or more, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.

c. Initial eligibility as Developmental Delay shall be determined before the child's seventh birthday.

d. Continued eligibility as developmentally delayed after the child's seventh birthday shall be determined through an appropriate multi-measure diagnostic procedure, which includes a comprehensive psycho-educational assessment.

e. The characteristics as defined above are present and cause an adverse effect on educational performance in the classroom or learning environment.

3. Evaluation Procedures

a. Evaluation shall include the following:

(1) documentation of identifiable atypical development by the appropriate team member(s);

(2) measurement of developmental skills using individually administered procedures;

(3) when continued eligibility is determined (past the child's seventh birthday), a licensed school psychologist, licensed psychological examiner[1], or licensed psychologist shall conduct a comprehensive psycho-educational evaluation which measures developmental skills, cognitive functioning, and/or additional areas as determined by the child's IEP Team;

(4) examination of developmental strengths and needs of the child gathered from observation(s);

(a) observation by a qualified professional in an environment natural for the child which may include the school, child-care agency, and/or home/ community to document delayed or atypical development, and

(b) interview with the parent to discuss and confirm the noted strengths and needs in the child's development;

(5) a review of any existing records or data; and

(6) documentation and assessment of how Developmental Delay adversely affects educational performance in the classroom or learning environment.

4. Evaluation Participants

a. Information shall be gathered from the following persons in the evaluation of Developmental Delay:

(1) the parent(s) or guardian of the child,

(2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age), and two or more of the following persons:

(a) a licensed school psychologist or licensed psychological examiner;

(b) a licensed early childhood special education teacher or special education teacher with preschool experience;

(c) a licensed speech/language specialist;

(d) appropriately licensed related services and medical specialists; and/or

(e) other personnel as needed.

[1] Includes licensed Senior Psychological Examiner

DEVELOPMENTAL DELAY
Assessment Documentation

Child's name _____ DOB _____ CA _____ Initial evaluation and child is age 7-0 or less ❑ Yes ❑ No
LEA/School _____ Date of Report ____ /____/ _____ Other disabilities were considered ❑ Yes ❑ No

	Physical	Cognitive	Communication	Social/ Emotional	Adaptive	*Observation	*Family Report
Instrument Used							
Date Administered							
Observations						Strengths Observed:	Strengths Observed:
Standard Score **OR** **Age Equivalent** **OR** **Percentage Delay (if any)**	____ SS ____ SDs above/below norm ____ Age Equivalent ____ %	____ SS ____ SDs above/below norm ____ Age Equivalent ____ %	____ SS ____ SDs above/below norm ____ Age Equivalent ____ %	____ SS ____ SDs above/below norm ____ Age Equivalent ____ %	____ SS ____ SDs above/below norm ____ Age Equivalent ____ %	Concerns:	Concerns:

**The observation and family report may be conducted using standardized and/or locally developed instruments and may or may not yield scores.*

Documentation and assessment of how Developmental Delay adversely affects educational performance in the classroom or learning environment:

Explain: _____

_____

Assessment team decision (check one):
- ❑ Meets eligibility standards for Developmental Delay category
- ❑ Meets eligibility standards for special education category: _____
- ❑ Does not meet eligibility standards for any special education category

Assessment Team Members
(Name/Position) _____/_____
_____/_____
_____/_____
_____/_____

DEVELOPMENTAL DELAY – OUTCOMES

The Developmental Delay disability category has enhanced the identification process for children in early childhood age range by more accurately assessing specific areas of delay, creating a shift from less descriptive disability categories used prior to the Reauthorization of IDEA (June 1997).

Tennessee State Department of Education/Special Education Division views the adoption of the eligibility standards for Developmental Delay as an opportunity to demonstrate a commitment to defining programs, based upon early childhood development, which identify a child's developmental strengths and needs. The following outcomes are accomplished through the use of the Developmental Delay category.

1. An alternative is available for identifying three through nine-year-old children who need special education services. It is the IEP team's responsibility to continue to evaluate the appropriateness of eligibility as the child matures and approaches ten years of age.

2. The assessment process for Developmental Delay views the whole child within the context of the family and community, and with reference to typical developmental perspectives.

3. The Developmental Delay assessment process makes use of a multi-setting, multi-measure, and multi-informant model for eligibility determination.

4. Current disability categories are retained, and should be used if they are more descriptive of a young child's strengths and needs.

5. The use of the Developmental Delay category will enable young children the opportunity to receive services in situations where a specific diagnosis of existing disabilities is unavailable and delays are well-documented.

6. Developmental Delay provides an opportunity for provision of services and programs based on a child's strengths and needs, as measured by the five developmental areas, when the assessment of a more specific disability due to a child's young age cannot be considered statistically reliable or valid.

7. The five developmental domains assessed for Developmental Delay are:
   - Physical
   - Cognitive
   - Communication
   - Social/Emotional
   - Adaptive

THE DIVISION FOR EARLY CHILDHOOD

DEC POSITION STATEMENT ON DEVELOPMENTAL DELAY AS AN ELIGIBILITY CATEGORY

Approved: December 2000

DEC believes in the uniqueness of the young child and that services and interventions must be responsive to these unique needs and patterns of development. We believe that the disability categories used for older school-aged children are often inappropriate for young children birth through 8 years and that the category *Developmental Delay* can be a more appropriate designation of disability for special education eligibility. We believe that the assessment of disabilities in young children requires consideration of the whole child through the use of multiple sources, informants, settings, and measures.

As defined by DEC in 1991, Developmental Delay is:

> *a condition which represents a significant delay in the process of development. It does not refer to a condition in which a child is slightly or momentarily lagging in development. The presence of Developmental Delay is an indication that the process of development is significantly affected and that without special intervention, it is likely that educational performance at school age will be effected (DEC, 1991, p.1).*

Parent and professional members of DEC believe that a Developmental Delay category of eligibility should be available for all children from birth through age 8. Though DEC recommends that the category of Developmental Delay be available for birth through age 8, we do not disagree with the provision in IDEA 1997 permitting its use for birth through age 9. We believe that the requirement to identify children by traditional disability categories in the early years might result in a premature categorization or miscategorization of children and consequently inappropriate services. Furthermore, the use of the Developmental Delay category allows for the identification of children with disabilities at younger ages who otherwise might go unserved because of the difficulties in applying traditional disability categories to young children.

The recommendation to use the Developmental Delay category birth through age 8 is supported by a number of considerations. First, the period of development typically characterized as early childhood is birth through age 8, a period of development considered to be unique by both the National Association for the Education of Young Children (NAEYC) and DEC. Young children's development is characterized by a broad range of behaviors across developmental domains and is better described by developmental metrics than by those with a more educational or academic focus. Second, the use of standardized and norm-referenced assessments for the identification of diagnostic categories for young children continues to be problematic resulting in unnecessary miscategorization. Psychometric integrity for instruments typically used to classify students for categorical services is only slightly greater in reliability for children ages 6, 7, and 8 than for their younger peers. Third, for many children these early grades are a pivotal foundation for acculturation within the school community. Many children are transient or enter school at kindergarten or beyond. For these children, opportunities to understand and practice school behaviors are limited. Categorical classification during these years would be premature and potentially inaccurate. Fourth, informed team decisions utilizing professional judgments and family input should contribute to eligibility decisions.

Finally, the special education services children receive have historically been determined by their disability category. The use of the Developmental Delay category during the full span of the early childhood years facilitates a broader, whole child perspective for intervention. This perspective would provide an overriding focus on the child's needs and the identification of services to meet those needs in developmentally appropriate ways.

DEC is aware of the state and local discretion available regarding the use of Developmental Delay as an eligibility category for children ages 3 through 9. DEC strongly recommends that state and local agencies develop and implement the consistent use of a Developmental Delay category to insure appropriate services and smooth transitions for children with disabilities and their families during the early childhood period of development.

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISS

POSITION STATEMENT – EARLY CHILDHOOD ASSESSMENT

The National Association of School Psychologists believes that early identification of developmental and learning problems in preschool and primary grade children is essential because of children's broad and rapid development. Intervention services for these children's psychological and developmental difficulties are essential, beneficial, and cost-effective. Because the accurate and fair identification of the developmental needs of young children is critical to the design, implementation, and success of appropriate interventions school psychologists must play a key role.

Evidence from research and practice in early childhood assessment indicates that issues of technical adequacy are more difficult to address with young children who have short attention spans and go through periods of variable, rapid development. Therefore, standardized assessment procedures should be used with great caution in educational decision-making because such tools are inherently less accurate and less predictive when used with young children.

Multidisciplinary team assessments must include multiple sources of information, multiple approaches to assessment, and multiple settings in order to yield a comprehensive understanding of children's skills and needs. Therefore, assessments should center on the child in the family system and home environment, both substantial influences on the development of young children. Similarly, families' self-identified needs should drive the decision-making process concerning the identification of child and family services.

Because categorical identification of infants, toddlers, and young children is ineffective in meeting the special needs of young children, assessment of infants and young children requires specialized training and skills beyond those required for the assessment of older children. Longitudinal and functional assessment of behavior and development of infants, young children, and families in a variety of settings is needed to evaluate and document progress and response to intervention over time, and must guide early intervention strategies in meaningful ways.

Therefore, the National Association of School Psychologists will promote early childhood assessment practices that are:

- developmentally appropriate, ecological, comprehensive, skills-based, and family-focused;
- conducted by a multi-disciplinary team;
- linked to intervention strategies designed for young children, rather than to categorical classification

- based upon comprehensive, educational and/or behavioral concerns, rather than isolated deficits identified by individual assessments;
- nondiscriminatory in terms of gender, ethnicity, native language, family composition, and/or socio-economic status; and
- technically adequate and validated for the purpose(s) for which they are used, including the provision of norms for minority children and children with physical disabilities.

Role of the School Psychologist

NASP encourages the adoption of the philosophy of "parents as partners" and families as the focus to promote assessments and interventions for young children that include full integration of parents and families into the assessment and intervention components of early childhood services. This mandates methods of naturalistic and systematic observation and information gathering, including work sampling procedures and the involvement of the family, home environment, daycare/preschool, and the community ecology as part of the comprehensive assessment to gather information and input from parents and caregivers. School psychologists should provide leadership to the multidisciplinary team in ensuring that all information gathered through the assessment is clearly understood by parents so that they can make fully informed decisions about interventions for their children.

NASP also advocates for pre-service and in-service education for school psychologists and other professionals to address the following issues: 1) normal as well as atypical developmental patterns of infants and young children; 2) practices, procedures, and instrumentation appropriate for screening and assessment of young children, their families, and their environments; 3) the selection of assessment techniques and utilization of findings from such assessments for the design, implementation, and efficacy evaluation of interventions; 4) and standards for early childhood psychological and educational assessment, including legal, ethical, and professional issues – all in the context of noncategorical service delivery for young children and their families.

Summary

NASP supports early childhood assessment practices that allow for accurate and fair identification of the developmental needs of infants, preschoolers, and young children and facilitate interventions that involve parents and other caregivers. Sound early childhood assessment should involve a multi-disciplinary team, including school psychologists with specialized training in the assessment of the young child, and who view behavior and development from a longitudinal perspective.

Original version adopted by NASP Delegate Assembly, March 24, 1991
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PRE-EVALUATION PLANNING GUIDELINES

Children who have been identified with disabilities are eligible for special education and related services beginning on their third birthday. When families suspect that their child may have a disability and needs special education and related services, they may make a referral to the school system at any point at which the child is age eligible. The school system will then initiate evaluation procedures.

Many children, ages birth through two (2) who have Developmental Delays are enrolled in the Tennessee Early Intervention Services (TEIS). For children in this program, TEIS should obtain parental permission to refer the child to the school system for special education and related services prior to the child's second birthday. TEIS should then make the initial referral to the school system by the child's second birthday. For children referred to TEIS after the second birthday, referral to the school system should occur immediately after completion of the intake process with parental permission for referral. TEIS and the school system should collaborate on the development of procedures for transmitting all appropriate records, with parental consent, from the TEIS to the school system. These records may include evaluations, medical records, the Individualized Family Service Plan (IFSP), or any other records needed to facilitate the eligibility process and program planning for the child and family transitioning from early childhood services provided through TEIS to special education services provided by the school system.

The parents, school system representatives, and TEIS representatives all participate in a transition planning conference arranged by TEIS, with the approval of the family, at least ninety (90) days and no more than six (6) months prior to the child's third birthday. The purpose of this conference is to:

(1) review the child's program options for the period from the child's third birthday through the remainder of the school year, and
(2) establish a transition plan.

At this meeting, school system personnel review procedures for identification of children with special education needs. This includes a full description of the Individualized Education Plan (IEP) process as well as meetings and IEP development, including the roles of the parents. Similarities and differences in the philosophies, services, terminology, and requirements of TEIS and the school system are clarified at this meeting, including comparison of the IFSP and IEP process.

Prior to initiating evaluation procedures, the school makes arrangements for parents to provide input to assessment personnel where referral concerns will be reviewed. The school will provide parents with a copy of the *Rights of Children with Disabilities and Parent Responsibility* and *Prior Written Notice.* The parents will be asked to give informed written permission for the evaluations described in the evaluation plan. If part of that plan includes gathering information from another person such as a child-

care provider or family member, parental permission must also be obtained. In order to provide a thorough and accurate evaluation of the child, additional evaluation procedures may be identified. When extended or unanticipated evaluation is indicated, the school system will ask parents to give written permission for other evaluations.

The school system must solicit parental input in order to identify an optimal time and setting for evaluation of the child. In selecting an environment for the evaluation, consideration should be given to a variety of settings; e.g., home, childcare, or community in addition to the school setting. Parental feedback should be used in determining if evaluation performance is typical of the child's behavior and abilities.

DEVELOPMENTAL DELAY EVALUATION GUIDELINES

(AGES 3 THROUGH 6 – UNTIL 7TH BIRTHDAY)

Evaluations for children for Developmentally Delay include:

1. a history of the child's developmental, social, and medical history,
2. vision and hearing screening of the child,
1. observations in an environment natural to the child, which is completed by appropriately trained specialists familiar with child development,
2. physical development assessment using standardized (norm-referenced or age-referenced), individually administered instruments in the area of total motor development (fine and gross motor combined),
5. cognitive/intellectual functioning administered by appropriate specialists using an individually administered assessment,
6. language skills assessment of receptive and expressive skills combined, using norm-referenced or age-referenced instruments administered by a speech/language specialist,
7. social/emotional development assessment using direct and indirect observation data compiled by an appropriate specialist, and
8. adaptive behavior skills assessment by an appropriately trained specialist through an appropriate standardized instrument using the child's principal caretaker and/or other familiar person (with parental consent) as an informant.

DEVELOPMENTAL DELAY EVALUATION GUIDELINES – CONTINUED ELIGIBILITY

(AGES 7 THROUGH 9 – UNTIL 10TH BIRTHDAY)

A child must be determined as eligible for special education in the category of Developmental Delay initially before the age of seven (7). When the child has been referred for a reevaluation (triennial or by request of an IEP Team member), and has had his/her seventh (7th) birthday on or before the date of evaluation, additional guidelines for evaluation include:

1. cognitive/intellectual functioning assessment with an individual, standardized, multi-factored instrument by a licensed school psychologist, licensed psychologist or a licensed psychological examiner, using appropriate procedures, and

2. assessment of academic achievement using a standardized individual evaluation administered by a psychologist, diagnostician or teacher who has been trained to administer the achievement assessment.

   Note: Academics cannot be used as a component of Developmental Delay, but must be assessed for school-aged children in order to consider the presence of another area of disability.

The IEP team may determine continued eligibility in the area of Developmental Delay after careful consideration of all required information. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs.

EARLY CHILDHOOD
CONFIDENTIAL PARENT QUESTIONNAIRE

To Be Completed by Parent or Parent Interview

Student Information

Name: _____ Form completed by: _____Date: ___/____/_____
Date of birth: _____ Age: _____

Parents/Legal Guardians *(Check all that apply.)*

With whom does this child live?
❑ Both parents ❑ Mother ❑ Father ❑ Stepmother ❑ Stepfather
❑ Other: _____
Parents'/Legal Guardians' Name(s):
_____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
List names/ages/relationships of people at home: _____
_____
Are there any languages other than English spoken at home? ❑ Yes ❑ No
If yes, what language(s)? _____ By whom? _____ How often? _____

Areas of Concern *(Check all that apply.)*

❑ Behavioral/emotional ❑ Slow development ❑ Listening
❑ Immature language usage ❑ Difficulty understanding language ❑ Health/medical
❑ Slow motor development ❑ Vision problems ❑ Development inconsistent
❑ Speech difficult to understand ❑ Other: _____

Why are you requesting this evaluation? _____
_____
_____
Did anyone suggest that you refer your child? ❑ Yes ❑ No
If yes, name and title: _____
Has a physician, psychologist, speech pathologist or other diagnostic specialist evaluated your child?
❑ Yes ❑ No
Was a diagnosis determined? ❑ Yes ❑ No Please explain: _____
_____

Preschool History *(Check all that apply.)*

Preschool/daycare programs attended
Name: _____ Address: _____ Dates_____
Name: _____ Address: _____ Dates_____
List any special services that your child has received (e.g., Head Start, TIPS, TEIS, therapy, etc.)
Type of service: _____ Age: _____ Dates: _____ School/agency: _____
Type of service: _____ Age: _____ Dates: _____ School/agency: _____
If your child has attended a preschool or daycare and problems were discussed with you concerning his/her behavior, explain what was tried and if you think it worked.
_____
_____
_____
_____

Developmental History

Pregnancy and Birth

Which pregnancy was this? ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th Other_____ Was it normal? ❑ Yes ❑ No

Explain any complications: _____

Was your child ❑ Full term? ❑ Premature? What was the length of labor? _____

Was the delivery: *Spontaneous?* ❑ Yes ❑ No *Induced?* ❑ Yes ❑ No *Caesarian?* ❑ Yes❑ No

Birth weight _____ Baby's condition at birth (jaundice, breathing problems, etc.): _____

_____

Motor Development *(List approximate ages)*

Sat alone _____ Crawled _____ Stood alone _____

Walked independently _____ Fed self with a spoon _____

Toilet trained _____ Bladder _____ Bowel _____

Medical History

List any significant past or present health problems (e.g., serious injury, high temperature or fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).

_____

_____

List any medications taken on a regular basis.

_____

_____

Speech and Language *(List approximate ages)*

_____ Spoke first words that you could understand (other than *mama* or *dada*)

_____ Used two-word sentences

_____ Spoke in complete sentences

_____ Does your child communicate primarily using speech?

_____ Does your child communicate primarily using gestures?

_____ Is your child's speech difficult for others to understand?

_____ Does your child have difficulty following directions?

_____ Does your child answer questions appropriately?

Social Development

What opportunities does your child have to play with children of his/her age? _____

_____

What play activities does your child enjoy? _____

Does s/he play primarily alone? ❑ Yes ❑ No With other children? ❑ Yes ❑ No

Does s/he enjoy "pretend play"? ❑ Yes ❑ No

Do you have concerns about your child's behavior? ❑ Yes ❑ No If yes, please explain.

_____

_____

How do you discipline your child? _____

_____

_____

Thank you for providing the above developmental information on your child. Please return to _____. If you have any questions, please feel free to contact _____ at _____.

DEVELOPMENTAL DELAY TEACHER INFORMATION

Child's Name: _____ Teacher Completing Form: _____
Date of Birth: ____/____/_____ Age: _____

Please detail concerns/strengths in the following areas (keep in mind age-appropriate skills in each area):

Physical (fine-motor and gross-motor skills)

_____
_____
_____
_____

Cognitive (ability to think – with skills from concrete to abstract)

_____
_____
_____
_____

Communication (language skills – expressive and receptive)

_____
_____
_____
_____

Social/Emotional (ability to interact appropriately with peers and authority figures)

_____
_____
_____
_____

Adaptive (i.e., self-help, independent living, and socialization skills)

_____
_____
_____
_____

Observation to document delays:

_____
_____
_____
_____

It is suggested that a minimum of 15 minutes be allotted for the observation. The observation should be conducted in an environment natural for a child.

_____ _____/_____/_____
Teacher's Signature Date

DEVELOPMENTAL DELAY PRESCHOOL SKILLS CHECKLIST

Child's Name _____ Birthdate ____/____/_____ Age _____

Completed By _____ Relationship _____ Date ____/____/_____

Y = YES **N = NO** **S = SOMETIMES** **U = UNSURE**

COMMUNICATION		**Y**	**N**	**S**	**U**
1.	Smiles in response to presence of caregiver				
2.	Recognizes familiar persons other than caregiver				
3.	Understands the meaning of "no"				
4.	Follows instructions such as "go get your shoes"				
5.	Listens to a story for at least five minutes				
6.	Uses words to communicate wants and needs				
7.	Says own first name				
8.	Says own last name				
SELF-HELP		**Y**	**N**	**S**	**U**
9.	Feeds self with spoon				
10.	Feeds self with fork				
11.	Urinates in toilet or potty-chair				
12.	Is completely toilet trained				
13.	Washes and dries hands without assistance				
14.	Puts shoes on correct feet without assistance				
15.	Removes simple garment without assistance				
16.	Puts on coat without assistance				
SOCIAL		**Y**	**N**	**S**	**U**
17.	Shows interest in other children				
18.	Addresses at least two familiar people by name				
19.	Shares toys without being reminded				
20.	Interacts appropriately with other children				
21.	Participates in group play				
22.	Follows adult directions (obeys)				
23.	Changes activities easily				
MOTOR		**Y**	**N**	**S**	**U**
24.	Crawls across floor on hands and knees				
25.	Walks as a primary means of getting around				
26.	Pedals a tricycle at least six feet				
27.	Open and closes scissors with one hand				
28.	Goes up and down stairs using alternating feet				

COMMENTS: _____

DEVELOPMENTAL MILESTONES – DD DOMAINS

The following is a description of each of the five domains required for an evaluation for Developmental Delay. Also included are a few of the typical developmental milestones[1] in each of the five domains for children between the ages of three to five. Familiarization with the developmental milestones, typically found in each domain, helps to enhance early identification of possible Developmental Delays. Caution should be taken, however, when considering "typical developmental milestones", as all children will develop differently in each domain.

PHYSICAL DEVELOPMENT

The ability to use small and large muscles effectively

- fine motor: the use of small muscle groups of the arms and hands to eat, drink, dress, and write, etc.
- gross motor: the use of large muscle groups of the neck, trunk, arms, and legs for ambulation, etc.

The determination of significant delay in the domain of physical development should be a combined or cluster score from the evaluation of both fine motor and gross motor skills.

Typical developmental milestones in the area of fine motor development include:

- **36-42 months**
  - builds a 9-block tower
  - strings 1" beads
  - stirs liquid with spoon
  - draws a circle
- **42-48 months**
  - cuts paper into two pieces
- **48-54 months**
  - draws a 3-part person
  - colors within lines
  - cuts along a line
- **54-60 months**
  - laces shoes
  - cuts along thick curved line

Typical developmental milestones in the area of gross motor development include:

- **36-42 months**
  - catches 6-8 inch ball with arms
  - throws a ball 6 feet
  - jumps down from a low object

[1] The outline below provides a general summary of the developmental sequence of speech, language, and motor skills in normal children. Because children develop at different rates, avoid strictly applying the age approximations. The time intervals are provided only as a general guideline for age appropriateness. This information was compiled from a variety of sources, which included the American Speech-Language-Hearing Association (1983); Boone (1987); Gard, Gilman, and Gorman (1980); Hegde (1991); Kunz and Finkel (1987); Lane and Molynequx (1992); and Lenneberg (1969).

- **42-48 months**
  - walks up and down stairs, one foot per step, with no help

- **48-54 months**
  - catches a ball with hands
  - gallops

- **54-60 months**
  - skips
  - throws ball with close accuracy

COGNITIVE DEVELOPMENT
The ability to comprehend, remember, and make sense out of experience, including:
- attending skills
- abstract thinking or reasoning
- capacity to acquire knowledge
- problem solving skills

Typical developmental milestones in the area of cognitive development include:
- **36-42 months**
  - recalls familiar objects or events from past experience
  - rote counts from 1-10
  - same and different
  - classifies objects

- **42-48 months**
  - matches objects and pictures
  - knows the concept of empty ("all done")

- **48-54 months**
  - completes an open-ended sentence
  - completes a puzzle of 2 to 12 pieces

- **54-60 months**
  - names shapes – circle, triangle, square
  - knows difference between daytime/nighttime activities

COMMUNICATION DEVELOPMENT
The ability to use and comprehend language effectively – vocabulary, grammar, and speech sounds. Communication skills are found in hearing, symbolic play, social, motor, and cognitive skills, including:
- Preverbal Skills – the use of nonverbal behaviors such as body movements, grimaces, and vocalizations that are unclear signals,
- Pragmatics – functional communication that includes intentions and discourse,
- Receptive Language – the comprehension of linguistic and non-linguistic communications, and
- Expressive Language – the expression of language, including phonology, syntax, and semantics.

The determination of significant delay in the domain of communication should be a combined or cluster score from the evaluation of both expressive and receptive language skills.

Typical developmental milestones in the area of communication include:

- **12 months**
  - recognizes his or her name
  - understands simple instructions
  - initiates familiar words, gestures, and sounds
  - uses "mama", "dada", and other common nouns

- **18 months**
  - uses 10 to 20 words, including names
  - recognizes pictures of familiar persons and objects
  - combines two words, such as "all gone"
  - uses words to make wants known, such as *more* and *up*
  - points and gestures to call attention to an event and to show wants
  - follows simple commands
  - imitates simple actions
  - hums, may sing simple tunes
  - distinguishes print from non-print

- **24 months**
  - understands simple questions and commands
  - identifies body parts
  - carries on conversation with self and dolls
  - asks "what" and "where"
  - has sentence length of two to three words
  - refers to self by name
  - names pictures
  - uses two-word negative phrases, such as "no want"
  - forms some plurals by adding "s"
  - has about a 300-word vocabulary
  - asks for food and drink
  - stays with one activity for six to seven minutes
  - knows how to interact with books (right side up, page turning from left to right)

- **30 months**
  - has about a 450-word vocabulary
  - gives first name
  - uses past tense and plurals; combines some nouns and verbs
  - understands simple time concepts, such as "last night" or "tomorrow"
  - refers to self as "me" rather than name
  - tries to get adult attention with "watch me"
  - likes to hear same story repeated
  - uses "no" or "not" in speech
  - answers "where" questions
  - uses short sentences, such as "me do it"
  - holds up fingers to tell age
  - talks to other children and adults
  - plays with sounds of language

- **36 months**
  - matches primary colors
  - names one color
  - knows night and day
  - begins to understand prepositional phrases (i.e., "Please put the block *under the chair*.)
  - practices by talking to self
  - knows last name, sex, street name, and several nursery rhymes
  - tells a story or relays an idea
  - has sentence length of three to four words
  - has vocabulary of nearly 1,000 words
  - consistently uses m, n, ng, p, f, h, and w
  - draws circle and vertical line
  - sings songs
  - stays with one activity for eight to nine minutes
  - asks and answers variety of questions
  - names actions, pictures, and tells stories
  - sings songs

- **48 months**
  - points to red, blue, yellow, and green
  - identifies crosses, triangles, circles, and squares
  - knows "next month", "next year", and "noon"
  - has sentence length of four to five words
  - asks "who" and "why"
  - begins to use complex sentences
  - correctly uses m, n, ng, p, f, h, w, y, k, b, d, and g
  - stays with activity for 11 to 12 minutes
  - plays with language (e.g., word substitutions)

- **60 months**
  - defines objects by use and identifies the material from which each is made
  - knows address
  - identifies penny, nickel, and dime
  - has sentence length of five to six words
  - has vocabulary of about 2,000 words
  - uses speech sounds correctly, with the possible exceptions being y, th, j, s/z, zh, and knows common opposites
  - understands "same" and "different"
  - counts ten objects
  - uses future, present, and past tenses
  - stays with one activity for 12 to 13 minutes
  - questions for information
  - identifies left and right hand on self
  - uses all types of sentences
  - shows interest and appreciation for printed materials

SOCIAL-EMOTIONAL DEVELOPMENT
Social-emotional development is the ability to develop and maintain interpersonal relationships and to demonstrate age-appropriate social-emotional behaviors. Social-emotional development assessment should include the following areas:

Adult/Caregiver Interaction – includes positive styles of interaction and secure attachment relationships

- Peer Interaction Skills – includes positive interactions and social relationships,
- Self-concept,
- Coping Skills,
- Social Competence – includes the effective and appropriate use of social behaviors, and
- Functional Behavior.

Typical developmental milestones in the area of social-emotional development (socialization) include:

- **36-42 months**
  - enjoys simple songs and games with others
  - greets without reminders
  - initiates activities with parents
  - can attend to short stories
  - enjoys simple songs and games with others
  - initiates activities with parents

- **42-48 months**
  - plays cooperatively
  - interacts with adults more appropriately

- **48-54 months**
  - can attend to a story for 15 minutes
  - beginning cooperative play
  - asks for assistance

- **54-60 months**
  - developing relationships with peers
  - plays cooperatively with others
  - has conversations at mealtime
  - play is constructive

ADAPTIVE DEVELOPMENT
The ability to engage in age appropriate activities in daily life skills:

- Self-care,
- Community Self-sufficiency,
- Personal/social Responsibility, and
- Social Adjustment.

Typical developmental milestones in the area of adaptive development for socialization include:

- **36-42 months**
  - attends to a learning task or story in a small group
  - focuses his/her attention on one task while being aware of, but not distracted by, another activity
  - uses napkin, with reminders
  - uses straw
  - puts on jacket, shirt, pants
  - snaps and unsnaps
  - sleeps through the night without wetting the bed
  - indicates needs for toilet
  - toilets and attempts to wipe
  - opens bottle
  - uses fork in fist to feed

- **42-48 months**
  - demonstrates caution and avoids common dangers
  - eats well with fork and spoon
  - uses toilet independently when told
  - washes and dries hands
  - unbuttons and buttons
  - unbuckles belt

- **48-54 months**
  - puts on socks
  - dresses and undresses self except for laces and back buttons
  - puts shoes on correctly
  - zips
  - laces shoes
  - buckles belt
  - brushes teeth

- **54-60 months**
  - washes and dries face
  - wipes self independently
  - threads belt
  - spreads food with knife
  - uses fork, knife, and spoon competently
  - ties shoes
  - brushes and combs hair
  - blows nose

BEHAVIOR INTERVENTIONS DOCUMENTATION

(Techniques Used by Teacher/Caregiver)

___Modeling

___Positive Reinforcement

___Provide Choices

___Post Classroom Rules

___Daily / Weekly Report

___Parent Conference

___Re-direct

___Use of Logical Consequences

___Changing Class Routine

___Positive Notes Home

___Proximity Control

___Loss of Privileges

___Limited Time-out

___Special Discipline Contract

___Consultation with Appropriate Specialist

Comments or Additional Information:

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_____

Participant(s):

_____ _____

_____ _____

PERCENT DELAY DETERMINATION AND REPORTING

Percent delay can be determined by using standard deviation scores:

⇒ 1.5 standard deviations or 25% delay

⇒ 2.0 standard deviations or 40% delay

The following formula can be used to calculate percent delay:

1 – Mental Age / Chronological Age X 100 = Percent (%) Delay

Percentile scores should be reported with standard scores or age equivalents and percent delay, in addition to descriptive developmental information. Percent delay alone is not useful for the development of an Individual Education Program (IEP). When reporting scores, total developmental areas or total domain scores are required for the determination of eligibility as Developmentally Delayed. Individual subtest scores may not be used as a determinant of delay in any of the five developmental domains assessed.

PRESCHOOL ASSESSMENT SELECTION

(Ages Three to Five)

Ultimately, the selection of "appropriate" cognitive, language, developmental, or academic readiness instruments in the three to five year-old age range is the responsibility of the psychologist, language therapist, or early childhood specialist. Personal training, experience, and instrument familiarity are all considered factors in such test selections. Beyond those instruments listed in the tables there are other appropriate standardized tests published, and more being published that would be applicable to the 3 – 5 year age range. When the assessment specialist makes other selections, best practices would take into consideration instrument selection issues such as:

1. the use of instruments which envelope the three to five year range by providing floors and ceilings well beyond this age range,
2. instruments whose standardization samples in the ages three to five are relatively large (or at least in direct proportion) to the other ages with which the test was standardized,
3. an instrument whose standardization samples at the three to five age range included representative numbers of minority and socioeconomically disadvantaged children of this age range,
4. instruments which attempt to measure a broader range of skills, and in greater depth than a more cursory screening,
5. instruments whose standardization or normative data is relatively recent (preferably within the last ten years) and test development and standardization procedures are sound, and
6. instruments whose validity and reliability claims have been supported by independent research.

MULTI-DOMAIN ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Battelle Developmental Inventory (BDI) Newburg, Stock, Wnek, Guidubaldi, & Svinicki. (1988)	• Personal-social • Adaptive • Motor • Communication • Cognitive Ability	Birth—8.0 years	• Observation • Structured interaction • Caregiver/teacher interview	• Percentiles • Standard scores • Age equivalents	• Norms questionable (standardized 1988) • Item pool limited • Includes screening test	• School psychologists • Special education & early childhood teachers • Speech-language pathologists • Occupational & physical therapists
Bayley Scales of Infant Development (BSID-II) Bayley. (1995)	• Mental • Motor • Behavior	1—42 months	• Parental inquiry • Structured interaction	• Standard scores • Age equivalents	• Includes behavior rating scale • Requires experience to administer	• Graduate or professional training and experience
Detroit Tests of Learning Aptitude-Primary:2 Hammill & Bryant. (1993)	• Cognitive Ability • Attention • Linguistic • Motor	3.0—9:11 years	• Picture identification • Object identification • Object manipulation • Observation • Drawing	• Standard score • Percentile • Age equivalent		• Trained specialists • Qualified professionals
Developmental Assessment of Young Children (DAYC). Voress & Maddox. (1998)	• Cognition • Communication • Social-emotional development • Physical development • Adaptive behavior	Birth—5:11 years	• Observation • Parent/caregiver interview • Direct assessment	• Standard scores • Percentile scores • Age equivalents • General development quotient	• Subtests can be used independently for all domains	• Qualified professionals
Learning Accomplishment Profile (LAP-D). Nehring, Nehring, Bruno, Randolph, Kaplon. (1992)	• Fine and gross motor • Cognitive Ability • Language	30 months—6:0 years	• Task analysis • Elicited interaction	• Standard scores • Percentiles • Age equivalents	• Although it is normed, use CAUTION due to limited reliability and validity	• Early childhood staff • Paraprofessionals who have been trained by an experienced examiner
Mullen's Scales of Early Learning: AGS edition. Mullen (1995)	• Motor • Cognitive Ability • Visual reception • Language	Birth—68 months	• Object manipulation	• T-scores • Percentile ranks • Age equivalents	• Composite score is NOT an intellectual ability score	• School psychologists • Special education teachers • Speech-language pathologists • Occupational & physical therapists

COGNITIVE ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Differential Ability Scales (DAS) Elliott. (1990)	• Cognitive ability	Preschool Level 2:6—5:11 years School Age Level 6:0—17:11 years	<u>Preschool:</u> • Verbal • Nonverbal <u>School Age</u> • Verbal • Nonverbal • Spatial	• Standard scores • T-scores • Cluster scores • Percentiles • General conceptual ability	Preschoolers with possible Delays in: • Development • Language • Hearing • Cognition	• Psychologists
Kaufman Assessment Battery for Children (K-ABC). Kaufman & Kaufman. (1983).	• Intelligence • Achievement	2:6—12.6 years	• Sequential processing • Simultaneous processing	• Scaled scores • Percentiles • Age equivalents	• Special profile interpretation for very high and very low functioning • Norms questionable (standardized in 1983)	• Psychologists
Leiter International Performance Scale. Leiter. (1997).	• Intelligence	2 years—adult	• Conceptual • Manipulatives	• Scaled scores	• Non-verbal format	• Psychologists
McCarthy's Scales of Children's Abilities	• Intelligence	2:6—8:6 years	• Manipulative items presented in sequential manner	• T-scores	• Norms questionable (standardized in 1972) • Screener component	• Psychologists
Stanford-Binet Intelligence Scale—5th Edition.(Roid. (2003).	• Cognitive ability	2:0 years—85+	Five Factors • Fluid reasoning • Knowledge • Quantitative reasoning • Visual-Spatial processing • Working memory	• Change-sensitive scores • Scaled Scores • Factor Scores • Standard deviation of 15	• 5 factor scores measured in verbal and nonverbal domains • Extensive low- and high-end items • Improved design for assessment of preschoolers • Nonverbal scale for low or no language students	• Psychologists
Stanford-Binet Intelligence Scale—4th Edition Thorndike, Hagen, Sattler. (1986).	• Cognitive ability	2:0 years--adult	• Emphasis on cognitive development or intelligence as measured by language skills	• Standard age scores (SAS) • Composite score	Concerns about : • Lack of variety in tasks • High floor for preschoolers	• Psychologists
Universal Nonverbal Intelligence Test (UNIT). Bracken & McCallum. (1998).	• Intelligence	5:0—17:0 years	Batteries are: • Abbreviated • Standard • Extended	• Standard deviations • Quotient scores	• Totally non-verbal (Including directions)	• Psychologists

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Wechsler Preschool and Primary Scale of Intelligence—Revised (WPPSI). Wechsler. (1989)	• Intellectual ability	3:0—7:5 years	• Verbal ability • Performance ability • Full-scale ability	• Scaled scores • Full-scale IQ	• Downward extension of WISC-III/R (Overlap at ages 6:0-7:0) • Good for measurement of mental retardation	• Psychologists
Wechsler Intelligence Scales for Children (WISC—IV). Wechsler. (2003)	• Intellectual ability	6:0—16:ll years	• Verbal comprehension ability • Perceptual reasoning ability • Working memory • Processing speed • Full-scale ability	• Scaled scores • Full-scale IQ	▪ Improved reliability and validity ▪ Improved floors and ceilings on all tests ▪ Culturally fair ▪ Spanish translation (available in 2004)	• Psychologists
Wechsler Intelligence Scales for Children (WISC—III). Wechsler. (1991)	• Intellectual ability	6:0—16:ll years	• Verbal ability • Performance ability • Full-scale ability	• Scaled scores • Full-scale IQ	▪ Spanish translation	• Psychologists

LANGUAGE ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Carrow Elicited Language Inventory Carrow. (1974)	• Grammatical structures • Syntax	3:0—7:11 years	• Elicited imitation	• Percentiles • Standard scores		• Speech and Language Pathologists
Clinical Evaluation of Language Fundamentals—Preschool (CELF-Preschool). Wiig, Secord, Sette. (1992)	• Expressive language • Receptive language	3:0—6:00 years	• Picture identification • Sentence comprehension • Grammatical completion • Q & A • Recall of sentences • Linguistic concepts	• Standard scores • Percentiles • Age equivalent scores • Receptive scores • Expressive scores • Total score	• Comprehensive language battery	• Speech and Language Pathologists
Expressive One-Word Picture Vocabulary Test 2000 Edition. Brownell. (2000)	• Speaking vocabulary	2:0—18:11 years	• Color drawings	• Percentiles • Age equivalents • Standard scores	• Bilingual edition	• No specific qualifications
Kaufman Survey of Early Academic and Language Skills. Kaufman & Kaufman. (1993)	• Receptive vocabulary • Expressive vocabulary • Number, letter, & word concepts • Articulation survey	3:0—6:11 years		• Standard scores • Percentiles • Age equivalents		• Speech and Language Pathologists
OWLS Listenng Comprehension and Oral Expression. AGS. Carrow-Woolfolk. (1995).	• Expressive language • Receptive language	3:0—21:0 years	• Listening comprehension • Oral expression	• Standard scores • Percentiles • Stanines		• Speech and Language Pathologists
Peabody Picture Vocabulary Test—Third Edition (PPVT-3). Dunn. (1998)	• Receptive vocabulary	2:6 years—adult		• Percentiles • Age equivalents • Standard scores • Stanines	• Two parallel forms	• Graduate training in assessment
Preschool Language Scales—3. Zimmerman, Steiner & Pond. (1992)	• Receptive language skills • Expressive language skills	Birth—6:11 years	• Response to pictures • Object manipulation • Following directions	• Total language standard scores • Percentiles • Age equivalents	• Spanish language version	• Experience in administration and interpretation

LANGUAGE ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Receptive One-Word Picture Vocabulary Test—2000. Brownell. (2000)	• Hearing vocabulary	2:00—18:11 years	• Color drawings	• Standard scores • Percentile ranks • Age equivalents	• Spanish—bilingual edition	• Speech and Language Pathologists
Reynell Developmental Language Scales. Reynell & Gruber. (1969).	• Verbal comprehension • Expressive language	1:0—6:0 years	• Observation • Picture and object identification • Object manipulation	• Communication age equivalent • Standard scores • Percentiles • Developmental age	• Verbal comprehension version for children using pointing only	• Speech and Language Pathologists
Sequenced Inventory of Communication Development—Revised (SICD-R). Hendrick, Prather & Tobie. (1984).	• Receptive skills • Expressive skills • Communication	0:4—4:00 years	• Parent report • Object manipulation • Pictures • Language sample • Articulation	• Age equivalents • Mean scores by age • Standard deviations	• Highly motivating • The two subtests can stand alone	• Speech and Language Pathologists
Tests of Early Language Development—3 (TELD-3). Hresko, Reid & Hammil. (1997)	• Broad language • Semantics • Syntax • Morphology	2:0—7:11 years	• Picture identification • Answering questions • Object manipulation • Imitation • Sentence Completion • Other language areas	• Percentiles • Language • Language quotient • Standard scores • Age equivalents		• Speech and Language Pathologists

MOTOR ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Bruininks-Oseretsky Test of Motor Proficiency. Bruininks & Osertsky. (1978)	• Fine motor development • Gross motor development	4:6—14:6 years	• Speed and agility • Balance • Bilateral coordination • Strength • Upper-limb coordination • Response speed • Visual-motor skills • Dexterity	• Percentile ranks • Standard scores • Stanines • Age equivalents	• Short form screening test • Complete battery	• Physical education teachers • Special education teachers • Occupational therapists • Other trained professionals
Movement Assessment Battery for Children. Psychological Corporation. (1998)	• Motor skills	4:0—12:0 years	• Screening • Assessment • Management	• Percentiles by age group	• Provides screening and management, in addition to percentile scores for assessment • One checklist form and 4 forms by age level • Based on Test of Motor Impairment (TOMI)	• Qualified professionals
Peabody Motor Developmental Scales—Second Edition. Folio, Fewell & Riverside. (1983)	• Fine motor skills • Gross motor skills	Birth—6:11 years		• Percentiles • Age equivalent scores • Developmental quotient		• Qualified professionals

SOCIAL-EMOTIONAL AND BEHAVIORAL ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
AGS Social Skills Rating System. Gresham & Elliot. (1990).	• Problem behavior • Social skills • Interpersonal skills	3.0—18:0 years	• Student rating form • Parent rating form • Teacher rating form • Self-report	• Total scaled scores converted to standard scores and percentiles	Three levels: • Preschool • Elementary • Secondary	• Trained professionals
Behavior Assessment System for Children (BASC). Reynolds & Kamphaus. (1992).	• Behavior • Emotions	4:0—18:0 years	• Parent rating scales • Teacher rating scales In 3 areas: • Clinical • Adaptive • Validity	• Scaled scores • Standard scores	• Separate form for 4 & 5 year old children • Spanish version	• Psychologists
Child Behavior Checklist (CBCL). Auchenbach & Edelbrock. (1991).	• Behavioral problems • Emotional problems	2:0—18:0 years	• Parent rating scale • Teacher rating scale	• T-scores for boys and girls by age	Behavioral data: • Internalizing behaviors • Externalizing behaviors • Separate scale for children ages 2:0—3:0	• Trained professionals
Scale for Assessing Emotional Disturbance (SAED). Epstein & Cullinan. (1998))	• Five (5) subscales measuring federal definition for emotional disturbance	5:00—18:0 years	• Rating scales • Open-ended questions	• Percentile ranks • Standard scores	• Can be used as screener for emotional disturbance or in Developmental Delay domain	• Teachers • Clinicians • Parents
Social Competence and Behavior Evaluation (SCBE)—Preschool Edition. LaFrenier & Dumas. (1995)	Within classroom setting: • Behavioral problems • Emotional problems	2:6—6:4 years	• Teacher completed questionnaire		• Addresses overall adjustment and social interactions with peers	• Preschool teachers • Early childhood special educators
Vineland Social-Emotional Early Childhood Scales (Vineland SEEC). Sparrow, Balla, Cicchetti. (1998).	Three scales: • Interpersonal relationships • Play and leisure time • Coping skills	Birth—5:11 years	• Interview with parent or caregiver	• Standard scores • Percentile ranks • Stanines • Age equivalents • Social-emotional composite	• Used in conjunction with Mullen's Scale of Early Learning for complete developmental evaluation	• Trained professionals

ADAPTIVE ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
AAMR Adaptive Behavior Scales—School Edition, Second Edition (ABS—S:2). Lambert, Leland & Nihira. (1992).	• Adaptive behaviors • Maladaptive behaviors	3.0—16:0 years	Assesses nine (9) domains including: • Personal independence • Living skills Respondents: • Parent • Teacher	• Standard scores • Percentiles		• Special educators • Psychologists
Scales of Independent Behavior—Revised (SIB-R). Bruininks, Woodcock, Weatherman, & Hill. (1996).	• Adaptive behavior	Infancy—80.0+ years	Fourteen (14) behavior scales in 4 clusters: • Motor skills • Social interaction skills • Personal living skills • Community living skills	• Percentile ranks • Standard scores • Age equivalents	• Full scale and screener forms • Spanish version	• Trained professionals
Vineland Adaptive Behavior Scales. Sparrow, Balla, & Chiochette. (1985).	Adaptive behavior in four (4) domains: • Motor skills • Communication skills • Socialization skills • Daily living skills	Interview, Survey, & Expanded Form Birth—18:11 years 3—12:11 years	• Semi-structured interview with parent or caregiver • Classroom questionnaire	• Standard scores • Percentile ranks • Age equivalents • Adaptive behavior composite		• Qualified professionals
Vineland Social-Emotional Early Childhood Scales. Sparrow, Balla, & Chiccetti. (1998).	• Social skills • Emotional skills	Birth—5:11 years		• Standard scores • Percentile ranks • Stanines • Age equivalents	• Can be used in conjunction with the *Mullen Scales*	• Qualified professionals

CRITERION-REFERENCED ASSESSMENTS

(To Aide in Development of the Individual Education Program—IEP)

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Assessment, Evaluation, and Programming System for Infants and Children (AEPS). Bricker, Bricker & Pretti-Frontczak. (1993)	Test includes: • Cognitive skills • Adaptive skills • Social-communication skills • Social skills • Fine motor skills • Gross motor skills	Volume 1: 1 month—3 years Volume 2: 3:0—6:0 years	• Teachers report on, observe, or test items • Parent reports • Interest surveys	• Criterion-referenced	• Corresponding Curriculum	• Teachers
Brigance Inventory of Early Development-Revised. Brigance. (1991)	• Preambulatory motor, fine, and gross motor • Self-help skills • Speech and language development • Academic readiness • Comprehension • Academic skills in mathematics, reading, and writing • Social-emotional development	Birth—7:0 years	• Teachers observe or test items	• Criterion-referenced		• Special educators • Other trained professionals
Carolina Curriculum for Preschoolers with Special Needs. Johnson-Martin, Attermeir & Hacker. (1991)	• Cognition • Communication • Social • Adaptive • Motor	2:0—5:0 years	• Observation-based checklist	• Criterion-referenced	• Links assessment information with interventions and activities	• Trained professionals
Developmental Assessment for Students with Severe Disabilities—Second Edition (DASH-2). Dykes & Erin. (1999)	• Social-emotional • Language • Sensory-motor • Daily living activities • Basic academic skills	Birth—6:11 years	• Parent interview	• Basal and ceiling levels establish developmental age based on criterion	• Allows 2-3 hours to administer	• Special Educators • Psychologists
Early Intervention Development Profile. Rogers, Donovan, D'Eugenio, Brown, Lynch, Moersch, & Schafer). (1981)	• Perceptual/fine motor • Cognition • Language • Socio-emotional • Self-care • Gross motor	Birth—36 months		• Checklist	• Corresponding application and activities included	• Trained professionals

CRITERION-REFERENCED ASSESSMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Hawaii Early Learning Profile (HELP). Furumo, O'Reilly, Hosaka, Inatsuka, Allman, & Zeisloft. (1994)	• Cognitive • Language • Motor • Social-emotional • Adaptive	Birth—36 months	• Checklists • Family interview	• Criterion-referenced	• Home activity guide • Sequential concept strands	• Experienced specialists
HELP for Special Preschoolers. Santa Cruz County Office of Education. (1987)	• Cognitive • Language • Motor • Social-emotional	3:0—6:0 years	• Observations • Parent interview • Direct administration	• Skills are not arranged in hierarchical order	• Continuation of the *Hawaii Early Learning Profile*	• Experienced specialists
INSITE Developmental Checklist . Morgan. (1989)	• Communication • Cognition • Audition • Vision • Motor • Self-help • Social-emotional and interaction	Birth—6:0 years	• Checklist	• Items assigned in age ranges		• Experienced specialists
Pediatric Evaluation of Disability Inventory (PEDI). Haley, Coster, Ludlow, Haltiwanger & Andrellos. (1992).	• Self-care • Mobility • Social function	6 months—7:6 years	• Criterion-reference • Domains	• Standard scores • Scaled performance scores	• Provides descriptive measure of function with a variety of disabilities • Requires additional assessment instruments for Developmental Delay	• Psychologists • Early childhood specialists/teachers with knowledge of testing and measurements

ASSESSMENTS RELATED TO SPECIFIC DISABILITIES

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Childhood Autism Rating Scale (CARS). Schopler, Reichier, & Renner. (1988)	• Behaviors related to autism	2:0—adult	• Professional seven (7) point rating scale	• Continuous from within normal limits to severe	• Addresses fifteen (15) behavioral areas associated with autism	• Special educators • Psychologists
Connors Rating Scales—Revised. Conners. (1996)	• Problem behaviors	3:0—17:11 years	• Parent rating scales • Teacher rating scales	• T-scores • Standard deviations	• Short version • Long version	• Special educators • Psychologists
Early Childhood Attention Deficit Disorders Evaluation Scale (ECADDS). McCarney. (1995)	• Behaviors associated with attention deficit disorder	24—72 months	• Home version • School version • Both document behaviors and frequency	• Standard scores can be totaled and converted to total percentile score		• Special educators • Psychologists
Gilliam Autism Rating Scale (GARS). Gilliam. (1995)	• Behaviors associated with autism	3:0—22:0 years	• Three core subtests	• Standard scores • Percentiles	• Parent interview component	• Teachers • Parents • Professionals

CHILD OBSERVATION INSTRUMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Developmental Observation Checklist (DOCS). Hresko, Miguel, Sherbenou & Burton. (1994)	• Language • Motor • Social • Cognition	Birth—6:0 years	Three part inventory and checklist system with respect to: • General development • Adjustment behavior • Parent stress and support	• Quotients • NCE scores • Age equivalents • Percentiles	• Parents receive questionnaire	• Psychologists
High Scope Observation Record. High Scope Foundation. 600 North River Street, Ypsilanli, Michigan 48197.	• All Developmental Areas	2:6—6:0 years	• Structured observations	• Not Applicable	• Specific classroom activities	• All disciplines familiar with early childhood
Transdisciplinary Play-Based Assessment Toni W. Linder, Paul H. Brookes	• All Developmental Areas	Birth—6:0 years	• Observation guidelines for cognitive, social, emotional, communicative-language, and sensorimotor skills	• Not Applicable	• Excellent source for comprehensive development information	• All disciplines familiar with early childhood

FAMILY REPORT INSTRUMENTS

Test Authors Publication Date	Areas Measured	Age Range	Format	Scores Obtained	Unique Aspects	Examiners
Ages & Stages Questionnaire:: A Parent Completed Child Monitoring System. Bucher, Squires, Mounts, Potter, Nichel & Farrell. (1995). Paul H Brooks, P. O. Box 10624, Baltimore, Maryland, 21285-0624	• Questions are in 5 areas: 1. Communication 2. Gross motor 3. Fine motor 4. Problem solving 5. Personal-Social • Questions are hierarchical in order with 'yes', 'no', and 'sometimes' answers	4--60 months	• Series of parent-completed questionnaires used to: 1. assist with child find efforts 2. screen children for possible Developmental Delay 3. focus and structure home visits 4. educate parents on child development 5. empower parents	• Items in the 75-100 developmental quotient range • 2 Standard Deviations below the Mean is used for questionnaires at ages: 4, 8, 12, 16, 20, 24, 30, 36, 48 & 60. • A 75 Developmental Quotient is the cut-off for questionnaires at 6, 10, 14, 18, 22, 27, 33, 42, & 54 months.	• Interview format. • Available in English, Spanish and French. • Written at 4th-5th grade reading level.	• All disciplines familiar with early childhood
Achenbach Child Behavior Checklist.	• See Socio-Emotional & Behavior Instruments—*Child Behavior Checklist*	See Socio-Emotional & Behavior Instruments—*Child Behavior Checklist*	• See Socio-Emotional & Behavior Instruments—*Child Behavior Checklist*	• See Socio-Emotional & Behavior Instruments—*Child Behavior Checklist*	• See Socio-Emotional & Behavior Instruments—*Child Behavior Checklist*	• See Socio-Emotional & Behavior Instruments—*Child Behavior Checklist*
Assessment Evaluation and Programming System for Infants and Children.	• See Criterion-referenced Assessments	See Criterion-referenced Assessments	• See Criterion-referenced Assessments	• See Criterion-referenced Assessments	• See Criterion-referenced Assessments	• See Criterion-referenced Assessments
Batelle Developmental Inventory (BDI). Newberg, Stock, Waek, Guidubalde & Sunicki.	• See Multi-domain Assessments	See Multi-domain Assessments	• See Multi-domain Assessments	• See Multi-domain Assessments	• See Multi-domain Assessments	• See Multi-domain Assessments
Child Development Inventory. Ireton, Harold, Behavior Science Systems, Box 580274, Minneapolis, Minnesota 55458	• Social • Self-help • Gross and fine motor • Language • Letters and numbers	1:0—6:3 years	• Yes/No questions	• Developmental age profile		• Family members
Hawaii Early Learning Profile for Special Preschools.	• See Criterion-referenced Assessments	See Criterion-referenced Assessments	• See Criterion-referenced Assessments	• See Criterion-referenced Assessments	• See Criterion-referenced Assessments	• See Criterion-referenced Assessments
Sequenced Inventory of Communicative Development.	• See Language Assessments	See Language Assessments	• See Language Assessments	• See Language Assessments	• See Language Assessments	• See Language Assessments
Vineland Adaptive Behavior Scales.	• See Adaptive Assessments	See Adaptive Assessments	• See Adaptive Assessments	• See Adaptive Assessments	• See Adaptive Assessments	• See Adaptive Assessments